

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.	10 / 018440	FILING DATE
APPLICANT(S)		

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
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50						
TOTAL IND.	11					
TOTAL DEP.	15					
TOTAL CLAIMS	30					

BEST AVAILABLE COPY

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TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					